

United States Bankruptcy Court DISTRICT OF PUERTO RICO		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): REITTER CORPORATION, a Corporation		Name of Joint Debtor (Spouse)(Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): dba HOSPITAL SAN GERARDO		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 66-0464389		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):
Street Address of Debtor (No. & Street, City, and State): ROAD 848, KM. 0.5 CUPEY BAJO San Juan PR		Street Address of Joint Debtor (No. & Street, City, and State):
<div style="border: 1px solid black; float: right; padding: 2px;"> ZIPCODE 00926 </div>		<div style="border: 1px solid black; float: right; padding: 2px;"> ZIPCODE </div>
County of Residence or of the Principal Place of Business:		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): MCS 250 AVE. WINSTON CHURCHILL #138 San Juan PR		Mailing Address of Joint Debtor (if different from street address):
<div style="border: 1px solid black; float: right; padding: 2px;"> ZIPCODE 00926 </div>		<div style="border: 1px solid black; float: right; padding: 2px;"> ZIPCODE </div>
Location of Principal Assets of Business Debtor (if different from street address above): SAME		<div style="border: 1px solid black; float: right; padding: 2px;"> ZIPCODE </div>
Type of Debtor (Form of organization) (Check one box.) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (if debtor is not one of the above entities, check this box and state type of entity below <hr style="width: 20%; margin-left: 0;"/>	Nature of Business (Check one box.) <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other <hr style="width: 20%; margin-left: 0;"/> Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 </div> <div> <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding </div> </div> Nature of Debts (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose" <input checked="" type="checkbox"/> Debts are primarily business debts.
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors: Check one box: <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. ----- Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000 </div>		
Estimated Assets <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input checked="" type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion </div>		
Estimated Liabilities <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input checked="" type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion </div>		

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): REITTER CORPORATION, a Corporation	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed:	Case Number:	Date Filed:	
PUERTO RICO	05-05142 (ESL)	06/02/2005	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor:	Case Number:	Date Filed:	
NONE			
District:	Relationship:	Judge:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under Chapter 11) <input checked="" type="checkbox"/> Exhibit A is attached and made a part of this petition		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. §342(b). X <div style="display: flex; justify-content: space-between;"> Signature of Attorney for Debtor(s) 8/ 6/2010 Date </div>	
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)			
_____ (Name of landlord that obtained judgment)			
_____ (Address of landlord)			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

**REITTER CORPORATION,
a Corporation****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b)

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Debtor

X

Signature of Joint Debtor

Telephone Number (if not represented by attorney)

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

(Signature of Foreign Representative)

(Printed name of Foreign Representative)

8/ 6/2010

(Date)

Signature of Attorney***X /s/ ALEXIS FUENTES-HERNANDEZ**

Signature of Attorney for Debtor(s)

ALEXIS FUENTES-HERNANDEZ 217201

Printed Name of Attorney for Debtor(s)

ALEXIS FUENTES-HERNANDEZ

Firm Name

P.O. BOX 9022726

Address

SAN JUAN PR 00902-2726**787-607-3436**

Telephone Number

8/ 6/2010

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ DR. JORGE A. VALDESUSO

Signature of Authorized Individual

DR. JORGE A. VALDESUSO

Printed Name of Authorized Individual

President

Title of Authorized Individual

8/ 6/2010

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF PUERTO RICO**

In re **REITTER CORPORATION, a Corporation**
dba HOSPITAL SAN GERARDO

Case No.
Chapter **11**

_____/ Debtor
Attorney for Debtor: **ALEXIS FUENTES-HERNANDEZ**

STATEMENT PURSUANT TO RULE 2016(B)

The undersigned, pursuant to Rule 2016(b), Bankruptcy Rules, states that:

1. The undersigned is the attorney for the debtor(s) in this case.
2. The compensation paid or agreed to be paid by the debtor(s), to the undersigned is:
 - a) For legal services rendered or to be rendered in contemplation of and in connection with this case \$ hourly
 - b) Prior to the filing of this statement, debtor(s) have paid \$ 7,500.00
 - c) The unpaid balance due and payable is \$ 0.00
3. \$ 1,039.00 of the filing fee in this case has been paid.
4. The Services rendered or to be rendered include the following:
 - a) Analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under title 11 of the United States Code.
 - b) Preparation and filing of the petition, schedules, statement of financial affairs and other documents required by the court.
 - c) Representation of the debtor(s) at the meeting of creditors.
5. The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and
None other
6. The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and
None other
7. The undersigned has received no transfer, assignment or pledge of property from debtor(s) except the following for the value stated:
None
8. The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows:
None

Dated: **8/ 6/2010**

Respectfully submitted,

X /s/ ALEXIS FUENTES-HERNANDEZ
Attorney for Petitioner: **ALEXIS FUENTES-HERNANDEZ**
ALEXIS FUENTES-HERNANDEZ
P.O.BOX 9022726
SAN JUAN PR 00902-2726

787-607-3436

UNITED STATES BANKRUPTCY COURT DISTRICT OF PUERTO RICO

In re **REITTER CORPORATION**
a Corporation
dba **HOSPITAL SAN GERARDO**

Case No.
Chapter **11**

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Name of Creditor and Complete Mailing Address Including Zip Code	Name, Telephone Number and Complete Mailing Address, Including Zip Code, of Employee, Agent, or Department of Creditor Familiar with Claim Who May Be Contacted	Nature of Claim (Trade Debt, Bank Loan, Government Contract, etc.)	Indicate if Claim is Contingent, Unliquidated, Disputed, or Subject to Setoff	Amount of Claim (If Secured Also State Value of Security)
1 DEPARTMENT OF TREASURY OF PR PO BOX 9022501 SAN JUAN PR 00902-2501	Phone: DEPARTMENT OF TREASURY OF PR PO BOX 9022501 SAN JUAN PR 00902-2501	TAXES, INTEREST & PENALTIES		\$ 2,242,386.76
2 INTERNAL REVENUE SERVICE P.O. BOX 21126 PHILADELPHIA PA 19114-0326	Phone: INTERNAL REVENUE SERVICE P.O. BOX 21126 PHILADELPHIA PA 19114-0326	TAXES, INTEREST & PENALTIES		\$ 1,887,946.42
3 AUTORIDAD DE ENERGIA ELECTRICA P.O. BOX 363508 San Juan PR 00936	Phone: AUTORIDAD DE ENERGIA ELECTRICA P.O. BOX 363508 San Juan PR 00936	Utility Bills		\$ 579,879.67
4 STATE INSURANCE FUND P.O. BOX 365028 SAN JUAN PR 00936-5028	Phone: STATE INSURANCE FUND P.O. BOX 365028 SAN JUAN PR 00936-5028	Worksmens Compensation Insurance		\$ 547,620.68
5 GMS MEDICAL GROUP, PSC PMB 99, BOX 2500 Trujillo Alto PR 00977	Phone: GMS MEDICAL GROUP, PSC PMB 99, BOX 2500 Trujillo Alto PR 00977	Professional Services		\$ 331,793.50

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Name of Creditor and Complete Mailing Address Including Zip Code	Name, Telephone Number and Complete Mailing Address, Including Zip Code, of Employee, Agent, or Department of Creditor Familiar with Claim Who May Be Contacted	Nature of Claim (Trade Debt, Bank Loan, Government Contract, etc.)	Indicate if Claim is Contingent, Unliquidated, Disputed, or Subject to Setoff	Amount of Claim (If Secured Also State Value of Security)
6 DEPARTMENT OF LABOR OF PR P.O. BOX 1020 SAN JUAN PR 00919-1020	Phone: DEPARTMENT OF LABOR OF PR P.O. BOX 1020 SAN JUAN PR 00919-1020	SUTA		\$ 251,030.20
7 MEDINTEK, CORP. PMB 42 382 SAN CLAUDIO AVE. San Juan PR 00926-9910	Phone: MEDINTEK, CORP. PMB 42 382 SAN CLAUDIO AVE. San Juan PR 00926-9910	Medical Equipment		\$ 205,000.00
8 PRESTIGE MEDICAL GROUP, LJC 145 CALLE GUARAGUAO URB. MONTEHIEDRA San Juan PR 00926	Phone: PRESTIGE MEDICAL GROUP, LJC 145 CALLE GUARAGUAO URB. MONTEHIEDRA San Juan PR 00926	Medical Services		\$ 197,978.76
9 AON RISK SERVICES OF PR, INC. P.O. BOX 191229 San Juan PR 00919-1229	Phone: AON RISK SERVICES OF PR, INC. P.O. BOX 191229 San Juan PR 00919-1229	Insurances		\$ 129,150.46
10 INFO MEDIKA INC. PO BOX 11095 CAPARRA HEIGHTS STA San Juan PR 00922	Phone: INFO MEDIKA INC. PO BOX 11095 CAPARRA HEIGHTS STA San Juan PR 00922	Lease of Software		\$ 120,682.61
11 MUNOZ, BONETA, PERALTA PSC ATT. ROGELIO MUNOZ P.O. BOX 191979 San Juan PR 00919-1979	Phone: MUNOZ, BONETA, PERALTA PSC ATT. ROGELIO MUNOZ P.O. BOX 191979 San Juan PR 00919-1979	Legal Services		\$ 112,094.09
12 IRMA VARGAS RAMOS, MD SUITE 112, MSO 271 100 GRAN BULEVAR PASEOS San Juan PR 00926-5955	Phone: IRMA VARGAS RAMOS, MD SUITE 112, MSO 271 100 GRAN BULEVAR PASEOS San Juan PR 00926-5955	Professional Services		\$ 60,040.75

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Name of Creditor and Complete Mailing Address Including Zip Code	Name, Telephone Number and Complete Mailing Address, Including Zip Code, of Employee, Agent, or Department of Creditor Familiar with Claim Who May Be Contacted	Nature of Claim (Trade Debt, Bank Loan, Government Contract, etc.)	Indicate if Claim is Contingent, Unliquidated, Disputed, or Subject to Setoff	Amount of Claim (If Secured Also State Value of Security)
13 DP & G GENERAL CONTRACTOR BLVD. 600 342 ARBOLES DE MONTEHIEDRA San Juan PR 00926	Phone: DP & G GENERAL CONTRACTOR BLVD. 600 342 ARBOLES DE MONTEHIEDRA San Juan PR 00926	Construction Services		\$ 57,507.00
14 BORINQUEN ANESTHESIOLOGY P.O. BOX 1604 Aibonito PR 00705	Phone: BORINQUEN ANESTHESIOLOGY P.O. BOX 1604 Aibonito PR 00705	Professional Services		\$ 53,857.00
15 RAFAEL DIAZ GAUTIER SUITE 112, MSC 481 100 GRAN BOULEVARD San Juan PR 00926	Phone: RAFAEL DIAZ GAUTIER SUITE 112, MSC 481 100 GRAN BOULEVARD San Juan PR 00926	Professional Services		\$ 48,848.00
16 DROGUERIA CASTILLO P.O. BOX 191149 San Juan PR 00919-1149	Phone: DROGUERIA CASTILLO P.O. BOX 191149 San Juan PR 00919-1149	Medical Supplies		\$ 46,070.10
17 JAVIER CASTILLO P.O. BOX 195039 San Juan PR 00919-5039	Phone: JAVIER CASTILLO P.O. BOX 195039 San Juan PR 00919-5039	Professional Services		\$ 45,100.00
18 INTERBORO SYSTEMS CORPORATION 206 SAN JORGE ST. San Juan PR 00912-3311	Phone: INTERBORO SYSTEMS CORPORATION 206 SAN JORGE ST. San Juan PR 00912-3311	Payroll Software		\$ 33,926.36
19 PUERTO RICO SALES & MED. SERV. CAMPO RICO OFFICE PLAZA SUITE 112 Carolina PR 00983	Phone: PUERTO RICO SALES & MED. SERV. CAMPO RICO OFFICE PLAZA SUITE 112 Carolina PR 00983	Medical Equipment		\$ 29,023.87
20 BALLESTER HERMANOS P.O. BOX 364548 San Juan PR 00936-4548	Phone: BALLESTER HERMANOS P.O. BOX 364548 San Juan PR 00936-4548	Supplies		\$ 16,288.25

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION

I, DR. JORGE A. VALDESUSO, President of the Corporation named
as debtor in this case, declare under penalty of perjury that I have read the foregoing List of Creditors Holding Twenty Largest Unsecured Claims and that
they are true and correct to the best of my knowledge, information and belief.

Date: 8/6/2010

Signature /s/ DR. JORGE A. VALDESUSO

Name: DR. JORGE A. VALDESUSO

Title: President

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF PUERTO RICO**

In re *REITTER CORPORATION, a Corporation*
dba HOSPITAL SAN GERARDO

Case No.
Chapter *11*

_____/ Debtor
Attorney for Debtor: *ALEXIS FUENTES-HERNANDEZ*

COVER SHEET FOR LIST OF CREDITORS

I hereby certify under penalty of perjury that the attached list of creditors, which consists of 5 pages,
is true, correct and complete to the best of my knowledge.

Date: 8/ 6/2010

 /s/ DR. JORGE A. VALDESUSO
Debtor

 /s/ ALEXIS FUENTES-HERNANDEZ
ALEXIS FUENTES-HERNANDEZ
Attorney for the debtor(s)
P.O.BOX 9022726
SAN JUAN, PR 00902-2726

REITTER CORPORATION
MCS 250
AVE. WINSTON CHURCHILL #138
San Juan, PR 00926

ALEXIS FUENTES-HERNANDEZ
P.O.BOX 9022726
SAN JUAN, PR 00902-2726

A TODO COLOR PRINTING
AVE. LOMAS VERDE IC 148
PMB 144
Bayamon, PR 00956

ANDA, INC.
P.O. BOX 930219
Atlanta, GA 31193-0219

AON RISK SERVICES OF PR, INC.
P.O. BOX 191229
San Juan, PR 00919-1229

ATLANTIS BIOLOGICALS
20101 NE 16 PLACE
Miami, FL 33179

AUTORIDAD DE ENERGIA ELECTRICA
P.O. BOX 363508
San Juan, PR 00936

BALLESTER HERMANOS
P.O. BOX 364548
San Juan, PR 00936-4548

BANCO POPULAR DE PR
P.O. BOX 362708
SAN JUAN, PR 00936-2708

BORINQUEN ANESTHESIOLOGY
P.O. BOX 1604
Aibonito, PR 00705

CADILLAC UNIFORM
P.O. BOX 1893
Bayamon, PR 00960

CLENDON REFERENCE LAB
PO BOX 549
Bayamon, PR 00960

CROSS MEDICAL
450 ANDBRO DRIVE
SUITE 7
Pitman, NJ 08071

DEPARTMENT OF LABOR OF PR
P.O. BOX 1020
SAN JUAN, PR 00919-1020

DEPARTMENT OF TREASURY OF PR
PO BOX 9022501
SAN JUAN, PR 00902-2501

DP & G GENERAL CONTRACTOR
BLVD. 600
342 ARBOLES DE MONTEHIEDRA
San Juan, PR 00926

DROGUERIA BETANCES
P.O. BOX 368
Caguas, PR 00726

DROGUERIA CASTILLO
P.O. BOX 191149
San Juan, PR 00919-1149

EMDEON CORPORATION
13093 COLLECTION CENTER DRIVE
CHICAGO, IL 60693-0130

GMS MEDICAL GROUP, PSC
PMB 99, BOX 2500
Trujillo Alto, PR 00977

H.R. COLON ESTEVA
RADIOLOGY, PSC.
Guaynabo, PR 00965

HALL PUERTO RICO
M-228, HIGHWAY N.2
VILLA CAPARRA
Guaynabo, PR 00966-1913

HOSPIRA PUERTO RICO, LLC
P.O. BOX 71365
San Juan, PR 00936-8465

IGOR J. DOMINGUEZ LAW OFFICES
VIG TOWER SUITE 1105
1225 AVE. PONCE DE LEON
San Juan, PR 00907-3921

IMAGE FIRST DUI, INC.
P.O. BOX 371325
Cayey, PR 00737-1325

INFO MEDIKA INC.
PO BOX 11095
CAPARRA HEIGHTS STA
San Juan, PR 00922

INSTITUTO MEDICO PERCOR
MCS 250
AVE. WINSTON CHURCHILL #138
San Juan, PR 00926

INTERBORO SYSTEMS CORPORATION
206 SAN JORGE ST.
San Juan, PR 00912-3311

INTERNAL REVENUE SERVICE
P.O. BOX 21126
PHILADELPHIA, PA 19114-0326

IRMA VARGAS RAMOS, MD
SUITE 112, MSO 271
100 GRAN BULEVAR PASEOS
San Juan, PR 00926-5955

JAVIER CASTILLO
P.O. BOX 195039
San Juan, PR 00919-5039

JORGE DEL VALLE CORDOVA
P.O. BOX 365041
San Juan, PR 00936-5041

LABORATORIO CLINICO TOLEDO
CALLE PALMA #51
Arecibo, PR 00612

MEDINTEK, CORP.
PMB 42
382 SAN CLAUDIO AVE.
San Juan, PR 00926-9910

MEDLINE INDUSTRIES, INC.
SUITE 359
ZMS PLAZA RIO HONDO
Bayamon, PR 00961-3100

MILLENIUM SURGICAL DEVICE, INC
352 SAN CLAUDIO AVE.
BOX 343
San Juan, PR 00926

MUNOZ, BONETA, PERALTA PSC
ATT. ROGELIO MUNOZ
P.O. BOX 191979
San Juan, PR 00919-1979

NORTHWESTERN SELECTA, INC.
P.O. BOX 10718
San Juan, PR 00922-0718

PRESTIGE MEDICAL GROUP, LJC
145 CALLE GUARAGUAO
URB. MONTEHIEDRA
San Juan, PR 00926

PROFESSIONAL PLUMBING SERVICES
CARLOS LAUREANO
CALLE TEXIDOR #312
San Juan, PR 00917

PUERTO RICO SALES & MED. SERV.
CAMPO RICO OFFICE PLAZA
SUITE 112
Carolina, PR 00983

R T INTERCOM SERVICES
RR 7 VILLAS DE CARAIZO
BUZON 216
San Juan, PR 00926

RAFAEL DIAZ GAUTIER
SUITE 112, MSC 481
100 GRAN BOULEVARD
San Juan, PR 00926

RODMART AMBULANCE SERVICES INC
P.O. BOX 11916
San Juan, PR 00922-1916

RUTH E. ZAMORA SANTOS
URB. PUERTO NUEVO
#1135 CALLE CANADA
San Juan, PR 00920

STATE INSURANCE FUND
P.O. BOX 365028
SAN JUAN, PR 00936-5028